

12-9-04

Approved

MEETING MINUTES
STATE CONSUMER AND FAMILY ADVISORY COMMITTEE
November 4, 2004

Present: Jere Annis, Carl Britton-Watkins, Terry Burgess, Pete Clary, Zack Commander, Sandy DuPuy, Ron Huber, Kathleen Herr, Ed Masters, Doug Michaels and Betty Stanberry.

Absent: Ben Jones, Ellen Perry, Ham Poe, Barbara Richards, Katie Sawyer and Amelia Thorpe.

DHHS Staff Present: Yolanda Hunter, Cathy Kocian and Ann Remington.

Guests: Laurie Coker, Bill Cook, Andy Hines, Kim Hutchinson, Dennis Knasel, Rose Norman, John Omoruyi, Carolyn Privott, Fran Sandridge, Vicky Shropshire, Shealy Thompson and Geneal Wade.

1. Welcome

- .. Joan Johnson, CenterPoint's Director of Service Development, welcomed the SCFAC to CenterPoint. Joan extended an invitation to the SCFAC members to review the Elimination of Barriers (EBI) project.
- .. The Code of Conduct rules were reviewed briefly. In accordance with the Rules of Procedure, the SCFAC Chair will recognize any individuals who have not spoken in order to allow all members an opportunity to speak.

2. Approval of Agenda and Minutes

- .. The agenda was approved as written.
- .. The October minutes were approved with noted corrections.

3. Setting Work Plan Priorities

- ◆ Following the discussion of the 2004-2005 SCFAC work plan, the two main priorities identified were the development of Provider and LME Report Cards and to continue quality improvement efforts to assure model fidelity of supports and services.
- .. The identification of gaps in service as well as access to services were also identified as primary areas of focus for the SCFAC.
- .. The SCFAC members also expressed that, "We have a responsibility to the state, but we need to invite the local CFAC groups to tell us their local concerns."
- .. The SCFAC would like an update as requested on evidence-based practices across the country and compare the outcomes with those occurring in North Carolina.
- .. See the attached document identifying priorities from the State Plan 2004, Chapter 4.

4. Division Staff Presentation

- .. Shealy Thompson, Quality Management Team Leader, presented information on total quality management (TQM) noting that good TQM is data-driven. The Quality Management Team is proposing three types of reports for evaluating providers: 1) provider profiles-descriptive information on providers, 2) performance reports-quality assurance requiring that identified standards be met, and 3) provider improvement-analysis of what providers can do to improve in comparison to the previous year.
- .. Shealy informed the group that any qualified, willing provider can be a part of the community of providers and that it is the responsibility of the LME to do outreach and needs assessment in their communities and to evaluate the quality of each provider's services. Focusing the state's limited resources on those individuals who have the most severe disabilities continues to be the central theme in the State Plan.

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- .. Incident reports are being used to track problems such as cases of abuse, neglect, exploitation, injuries, missing children, use of seclusion and restraint and other incidents. In evaluating provider performance, a high number of incidents reported may indicate problems such as understaffing or lack of adequately trained staff but may also reflect the fact that a provider is serving more medically fragile consumers or a population that is more prone to incidents. In addition, the provider could be more conscientious about reporting problems in order to facilitate their resolution.
- .. Quality Assurance is the foundation of a Quality Management system that establishes the basics of care while Quality Improvement is a process that allows for self-evaluation and is more of a rewards-based system versus the old penalty-based system.

5. Old Business

- .. The SCFAC recommended Chris Phillips present the SCFAC Communication Protocol to the ELT.
- .. The SCFAC, by group consensus, decided to cancel the WRAP presentation scheduled for December to allow more time for discussion of the work plan priorities.

6. New Business

- .. The SCFAC has requested that a Division Staff member with broad expertise and knowledge of the system attend the next meeting in order to be available to answer questions regarding the work plan priorities from the State Plan 2004.
- .. Conflicts of Interest were discussed. The adopted Rules of Procedure state that if membership in another group compromises a SCFAC member's position, that member must resign from one group.
- .. Members questioned the short notice for the ELT's Town Hall Meeting in Morganton on November 3rd and have requested that the remaining Town Hall dates and locations be announced and communicated in a timely way.

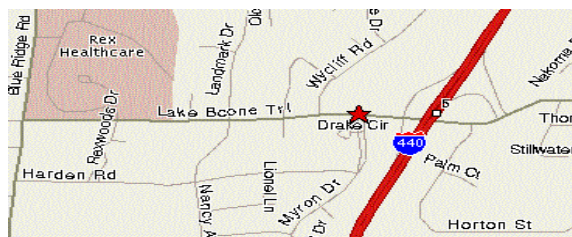
7. Next Meeting

- .. The next meeting is scheduled for December 9, 2004 from 9:30 A.M.-3:30 P.M. and will be held at the office building of the NC Council on Developmental Disabilities in Raleigh.

8. November Meeting Agenda

- .. Approval of Agenda.
- .. Approval of November's minutes.
- .. Old and New Business.
- .. Division presentation.
- .. Priorities Discussion.

**Directions to the
NC Council on Developmental
Disabilities**



Take I-440 (Beltline) to Exit 5 - Lake Boone Trail. Turn towards Rex Hospital at the light. Make the first left (Corner of Lake Boone

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Trail and Myron Dr.). You will see Building 3801. The NC DD Council is located on the second floor, Suite 250. The phone number for the NC Council on Developmental Disabilities is 1-800-357-6916.

SCFAC Priorities

1. Develop provider and LME report cards. p 58
2. Continue quality improvement efforts to assure model fidelity of supports and services. p 54
3. Develop new or modify existing rules and statutes that reflect MH/DD/SA reform p 48
4. Continue research, dissemination and implementation of new best practices. P 52
5. Advance the opportunities for people with disabilities and their families to influence the full range of system -- from policy leadership to more discrete operations. p 47
6. Publish State Plan 2005. p 48
7. Initiate transition to new service expectations. p 53
8. Develop best practice for self-directed services. p 56
9. Develop plan for systems to transit to new support & service expect. p 51
10. Finalize rates for services. p 50
11. Distribute approved service definitions. p 52
12. Complete Comprehensive Prevention plan. p 53
13. Advance awareness of customer service throughout the Division to reflect the DHHS Secretary's initiative p 49
14. Provide technical assistance around natural and community supports for non-target individuals p 57
15. Provide. technical assistance for local programs to increase consumer and family participation p 55
16. Support and serve the target populations and continue to evaluate the target populations to determine necessary adjustments. p 52
17. How will the procedure for the evaluation of access to service work? No page
18. How is the Division monitoring Best Practices and comparing them to others States? No page

The page numbers on this list come from chapter 4 of the State Plan issued July 1, 2004.

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